

## **NOTICE OF ACTION (NOA) PROCEDURES FOR TBS**

The NOA-A is issued under the following circumstances:

The beneficiary is not entitled to specialty mental health services for one of the following reasons: “Medical Necessity” criteria are not met, or TBS services are not suitable for the reasons listed. For example:

1. The mental health diagnosis as identified by the assessment is not covered by the mental health plan (see Included and Excluded DSM-4 Diagnoses from SB County Outpatient Chart Manual, Section 2-3.2),
2. The mental health condition does not cause problems in daily life that are serious enough to warrant mental health services,
3. The specialty mental health services that are available are not likely to help maintain or improve the mental health condition,
4. The mental health condition would be responsive to treatment by a physical health care provider.
5. Services are requested during a period that the client will be residing in an inpatient hospital, psychiatric facility, nursing facility, IMD or crisis residential program.
6. There is no current participation in another Mental Health Service, which is required to guide the TBS service and to facilitate improvement.
7. TBS services are requested for the following conditions under which TBS is not suitable:
  - TBS is solely for convenience of family, care givers, teachers, or physician.
  - TBS is requested to provide supervision to assure compliance with terms of probation.
  - TBS is to ensure child physical safety or for safety of others.
  - TBS is requested to address conditions that are not part of the child’s mental condition.
  - The child cannot sustain non-impulsive self directed behavior, handle himself/herself appropriately in social situations with peers, cannot appropriately handle transitions during daily activities, and cannot engage in appropriate community activities without full-time supervision.

EXCEPTION: A NOA is not issued under the following circumstances:

If the beneficiary does not have current, active San Bernardino County Medi-Cal, an NOA is not issued. (Note: Medi-Cal beneficiaries of other counties should contact their own county for services.)

#### PROCEDURES FOR THE NOA-A:

1. If the client does meet Medical Necessity criteria, complete the following: (a) DMH NOA-A, (b) Your Hearing Rights.
2. The NOA-A should be addressed to the Legal Guardian, include a Medi-Cal Number, and have the appropriate reason for the NOA-A checked. **THE DATE OF NOTICE SHOULD BE LEFT BLANK AND WILL BE FILLED IN BY THE CLERK THE DATE THE NOA IS MAILED.** This is to ensure that the hearing rights timelines will be accurate.
3. Print out the NOA-A (without the date), inserting a copy of “Your Hearing Rights” into the printer so that it will appear on the back of the NOA-A.
4. Fill out the NOA-Event Form as follows:
  - a) Date Request Received – the date the service was requested
  - b) Type of Request – indicate TBS
  - c) Date of Reviewer’s Decision – the date you discovered that there was no eligibility for service
  - d) Provider Name – can remain blank for the NOA-A, but will be needed for the NOA-B which will be described later
  - e) Reason for NOA – as indicated by the box checked on the NOA
  - f) Entered by – worker should sign name; clerk should later sign name upon processing
5. Give the NOA-A and the NOA-Event Form to the clerk for processing.

NOTE: If there are options for obtaining appropriate follow-up care through other resources, a separate letter should also be prepared describing those options to the beneficiary’s legal guardian.

## CLERK PROCEDURES:

1. Fill in the date on the NOA-A on the date of mailing. Ensure that “Your Hearing Rights” appear on the back side of the NOA-A prior to mailing.
2. Make a copy of the front of the NOA-A prior to mailing the original to the recipient via CERTIFIED MAIL.
3. Sign the NOA event form.
4. File the copy of the NOA-A and the certified mail receipt form in the client’s DBH chart. The NOA-Event form will need to be filed alphabetically in a central NOA notebook.

## TBS CONTRACT PROVIDER PROCEDURES

At this time, the NOA-A is the only Notice of Action which is in need of completion. However, after TBS contract providers are approved and have started providing TBS, we may also need to complete the NOA-B under the following circumstances: if the service is denied, deferred, or reduced for reasons other than failure to meet Medical Necessity Criteria. (Note: If the client does not meet Medical Necessity Criteria, the NOA-A would be used as previously described.)

The NOA-B is used to notify the client, as well as the provider, that a request for service from the provider is denied, deferred, or modified (for reasons other than failure to meet Medical Necessity).

NOTE: if the treatment team agrees that the service is not appropriate, or that it needs to be deferred or reduced, a NOA-B will not need to be issued. However, the NOA-B would be used if there is disagreement between the treatment team, specifically between the contract provider and SB County.

The NOA-B is also not required under the following circumstances:

1. The denial is a denial of a request for a specialty mental health service that has already been provided to the beneficiary.

2. The denial is a non-binding verbal description to a provider of the specialty mental health services which may be approved. (CCR, Section 1850.210)
3. If the beneficiary does not have current, active San Bernardino County Medi-Cal, an NOA is not issued. (Note: Medi-Cal beneficiaries of other counties should contact their own county for services.)

#### PROCEDURES FOR THE NOA-B:

1. Complete the following: a) DMH NOA-B, b) Your Hearing Rights.
2. The NOA-B should be addressed to the Legal Guardian, include a Medi-Cal Number, and have the appropriate reason for the NOA-B checked. **THE DATE OF NOTICE SHOULD BE LEFT BLANK AND WILL BE FILLED IN BY THE CLERK THE DATE THE NOA IS MAILED.** This is to ensure that the hearing rights timelines are accurate.
3. The contract provider's name should be filled in, along with the date of the provider's request to provide service. This is usually the SB County date stamp on their written request.

NOTE: If the provider has requested the service verbally and SB County will be denying the service due to any of the aforementioned reasons, indicate to the provider that they must place the request in writing before we take any action on the request.

4. Print out the NOA-B (without the date), inserting a copy of "Your Hearing Rights" into the printer so that it will appear on the back of the NOA.
5. Fill out the NOA-Event Form as follows:
  - a) Date Request Received – the date the service was requested by the contract provider.
  - b) Type of Request – indicate TBS.
  - c) Date of Reviewer's Decision – the date you discovered that there was no eligibility for service.
  - d) Provider Name – indicate name of the TBS contract provider making the request.
  - e) Reason for NOA – as per the box checked on the NOA
  - f) Entered by – worker should sign name; clerk should later add signature upon processing.

6. Give the NOA-B and the NOA-Event Form to the clerk for processing.

NOTE: If there are options for obtaining appropriate follow-up care through other resources, a separate letter should also be prepared describing those options to the beneficiary's legal guardian.

#### CLERK PROCEDURES:

5. Fill in the date on the NOA-B on the date of mailing. Ensure that "Your Hearing Rights" appear on the back side of the NOA-B (NOTE: "Your Hearing Rights" is the identical back side for either NOA-A and NOA-B)
6. Make a copy of the front of the NOA-B prior to mailing the original to the recipient via CERTIFIED MAIL. A copy will also need to be mailed regular mail to the contract provider, whose name should appear near the top of the NOA-B.
7. Sign the NOA-Event form.
8. File the copy of the NOA-B and the certified mail receipt form in the client's DBH chart. The NOA-Event form will need to be filed alphabetically in a central NOA notebook.

YB/3-02